



FOR INTERNAL USE ONLY	
Received	
Sent to approved panel	
Date considered	
Amount Awarded	

GRANT APPLICATION FORM

This application is being made on behalf of:

What type of organisation are you?

- Voluntary or community organisation
- School
- Health body
- Parish or town council
- Other

Name of organisation director:

Address:
(Including contact name)

Surname
Forename
Address (line 1)
Address (line 2)
Town
County
Postcode

Telephone number:

Mobile number:

Company email:

Website:

Charity number:
(If applicable)

Company number:
(If applicable)

When was your organisation set up?

VAT Registered?		Yes																	
If yes, please provide your VAT registration number.																			
<table border="1"> <tr> <td>a.</td> <td>Private trading company</td> <td>i.</td> <td>Are you a private trading company?</td> <td>Yes</td> </tr> <tr> <td></td> <td></td> <td>ii.</td> <td>If yes, how many partners/directors do you have?</td> <td></td> </tr> <tr> <td></td> <td></td> <td>iii.</td> <td>How many people do you employ?</td> <td></td> </tr> </table>					a.	Private trading company	i.	Are you a private trading company?	Yes			ii.	If yes, how many partners/directors do you have?				iii.	How many people do you employ?	
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Part II

Details of application, including project name, and reasons for applying:

Applicants should ideally be from organisations/individuals based in Edinburgh or whereby they will benefit the community of Leith.

What project or activities do you want us to fund?

Please answer in no more than 300 words.

Please state how and why this financial support will help. What is your financial situation now?

Please answer in no more than 50 words.

Please give any other supporting information that should be brought to the attention of the trustee's?
Please answer in no more than 50 words.

What do you see as a realistic amount £ and why?
Please answer in no more than 50 words.

When will your project take place?

Have you applied for a grant from another organisation? Yes

If yes, where?

Part III	
Please give the name of a referee who can support this application	
Name:	
Address:	
Telephone number:	
Email:	

I certify the aforementioned information is correct.

Signed:

Date: